

10/511955

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18		2				
19		2				
20		2				
21	1					
22		1				
23		2				
24		2				
25		2				
26		2				
27		2				
28		2				
29		2				
30		2				
31		2				
32		2				
33		2				
34		2				
35		2				
36		2				
37		2				
38		2				
39	1					
40		1				
41	1					
42		2				
43		2				
44		2				
45		2				
46		2				
47		2				
48		2				
49		2				
50		2				
TOTAL IND.	2					
TOTAL DEP.		11				
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		2				
53		2				
54		2				
55		2				
56		2				
57		2				
58		2				
59	1					
60		1				
61		2				
62		2				
63		2				
64		2				
65		2				
66		2				
67		2				
68		2				
69		2				
70		2				
71		2				
72		2				
73		2				
74		2				
75		2				
76		2				
77	1					
78		1				
79		1				
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS